

***Quality Plan for the Maryland Developmental Disabilities Administration's  
Community-Based Services Waiver Programs***

**I. Design and Implementation of a Quality Assurance System for Assuring Waiver Participant Health and Welfare**

Reference: pg. 12 CMS Protocol	DHMH Division of Waiver Programs (DWP)	Maryland Developmental Disabilities Administration (DDA)	Office of Health Care Quality (OHCQ)	Other: Medicaid Operations
<b>A. Structural Features of the State's Quality Assurance System</b>				
<ul style="list-style-type: none"> <li>Does the state have policies and procedures governing the conduct of waiver-related quality assurance activities which specify at a minimum: (a) the frequency with which various quality assurance activities are carried out; (b) the review methodologies to be used, including sampling techniques where less than 100% of waiver participants or programs are to be reviewed; (c) the persons responsible for conducting the state's waiver-related quality assurance activities and their qualifications; and (d) a process for periodically reviewing and revising (as necessary) the state's quality assurance policies and procedures.</li> </ul>				
<b>Specific Responsibilities by Agency</b>	1. Reviews a 10% of DDA's Regional Office onsite reviews of Waiver participants.	1. State law requires that agencies licensed by the State of Maryland be reviewed at least annually or more frequently if deemed necessary. For the Developmental Disabilities Administration (DDA), this is completed by the Office of Health Care Quality (OHCQ). 2. DDA's Regional offices complete site visits for all licensees on at least an annual basis. During this visit, services are reviewed for a random sample of waiver participants. 3. On a statewide basis, a consumer satisfaction survey entitled The Ask Me! Project randomly interviews individuals including waiver participants receiving services from the DDA. <sup>1</sup> 4. For 100% of waiver participants, resource coordinators visit at least every six months. 5. DDA's statewide quality assurance plan is reviewed on a quarterly basis during the OHCQ/DDA Quarterly Meeting. <sup>2</sup> 6. The current DDA regulations, which went into effect July 26, 1999, undergo ongoing review by the Regulations Oversight Committee with recommendations for revisions. This committee includes representation from the provider community, resource coordination, OHCQ, and DDA. <sup>3</sup> 7. DDA's Policy on Reportable Incidents has been revised by OHCQ and DDA. <sup>4</sup> Trainings occurred on the revised policy prior to its effective date of October 30, 2003. Policy is reviewed monthly with revisions occurring every six	1. OHCQ reviews a sampling of individuals served by the licensee, according to DDA regulations and the Licensing Survey Handbook <sup>5</sup> , which would include waiver participants.	

<sup>1</sup> See information on the Ask Me! Project previously sent to CMS

<sup>2</sup> See information on DDA's Statewide Quality Assurance Plan previously sent to CMS

<sup>3</sup> See DDA Regulations previously sent to CMS

<sup>4</sup> See DDA Policy on Reportable Incidents previously sent to CMS

<sup>5</sup> See Licensing Survey Handbook previously sent to CMS

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		<p>months as needed.</p> <p>8. DDA gives ongoing technical assistance and oversight to individuals in consumer directed services.</p>		
<b>Frequency</b>		<p>1. Refer to OHCQ Frequency →</p> <p>2. DDA Regional offices – at least annually.</p> <p>3. Ask Me! Project – 4 year cycle to sample all providers, with larger agencies being involved on an annual basis.</p> <p>4. Resource Coordination – at least every six months.</p> <p>5. OHCQ/DDA Quarterly Meeting – quarterly (September, December, March, June)</p> <p>6. Regulations Oversight Committee – at least quarterly</p> <p>7. Policy on Reportable Incident Revision Committee – as needed</p> <p>8. DDA Regional Offices – oversight monthly and technical assistance as needed.</p>	<p>1. Currently at least every 18 months or more frequently if deemed necessary</p>	
<b>Staff Responsible</b>	DWP Program Specialists	DDA Assistant Director for Programs; DDA Assistant Director for Operations; DDA Statewide Quality Assurance Chief; DDA Regional Office staff; DDA Federal Billing Unit, The Arc of Maryland; The Arc of Frederick County, Service Coordination Division; Local Health Departments providing resource coordination: Montgomery County, Charles County, Calvert County, St. Mary's County, Prince Georges County, Cecil County, Caroline County, Talbot County, Somerset County, Worcester County, Kent County, Dorchester County, Wicomico County; and DDA Chief of Regulations.	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff	
<b>Staff Notified of Problems</b>	N/A	DDA Assistant Director for Programs, DDA Assistant Director for Operations, DDA Statewide Quality Assurance Chief, DDA Regional Office Staff, DDA Chief of Regulations, DDA Chief of Waiver and Planning.	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff	

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<i>Reference: pg. 15 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>B. State Quality Assurance Related to Waiver Participants</b>			
<ul style="list-style-type: none"> <li>Does the state's QA policies and procedures as they focus on waiver participants include at least the following components: (a) provisions for obtaining input and feedback from waiver participants; (b) provisions for identifying, addressing and preventing abuse, neglect, and exploitation; (c) procedures for identifying, addressing, preventing, and removing barriers waiver participants face in accessing services; and (d) methods of identifying, addressing, and preventing discrepancies between services specified in participants' plans of care and those necessary to meet participants' needs.</li> </ul>			
<b>Specific Responsibilities by Agency</b>		<p>(a) The Ask Me! Project which is funded by the DDA, obtains feedback and elicits input from a statistically valid random sample of individuals, including waiver participants. This project, initiated as a collaborative effort between DDA, the Arc of Maryland, and the MD Developmental Disabilities Council and piloted with volunteer provider agencies, is now mandatory for all agencies on a statewide basis. Results from the Ask Me! Project are shared with DDA and each provider agency receives feedback specific to their customer responses. It is expected that provider agencies address areas of concern in its internal quality assurance plan. DDA monitors the submission of quality assurance plans, reviews and approves an agency's plan. On an annual basis, documentation is required by providers on the progress of its plan over the past year or if substantive changes are needed. DDA's new regulations include chapters on values and the Individual Plan (IP). Both state that the individual is the center of the planning process and there shall be input from the individual or those who know the individual the best. Resource Coordinators speak with waiver participants every six months to review and monitor the individual's IP. If a revision to the IP is needed,</p>	<p>(a) OHCQ monitors the implementation of the provider's internal quality assurance plan.</p>

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<b>Specific Responsibilities by Agency</b>		<p>a team meeting is held to discuss changes and determine consensus.</p> <p>(b) DDA will conduct, at least annually, a consumer satisfaction survey for each person in the New Directions Waiver. As this waiver grows, DDA will explore expanding the AskMe! Project to address consumer directed services.</p> <p>(c) DDA's Policy on Reportable Incidents, which went into effect March 1, 1999 and was most recently revised effective October 30, 2003, outlines the reporting requirements for many categories of incidents and also requires an agency investigation report that discusses how such an incident could be prevented in the future. Consistent with DDA's Policy on Reportable Incidents, individuals participating in consumer directed services must develop individualized policies and procedures for reporting incidents. .</p> <p>(d) Resource Coordinators identify and address barriers to services received by waiver participants. If barriers cannot be eliminated, individuals can obtain services from another licensee. If the barrier affects many individuals, DDA's Alternative Placement Policy can be implemented.<sup>6</sup></p> <p>(e) Each service identified in the individual's IP is reviewed and monitored on a timeframe, determined by the individual and his/her team. If this reveals services are not being received, or that the individual is not satisfied with the service, a team meeting is held to discuss the service(s) and consensus must be reached on the new plan.</p>	<p>(b) OHCQ triages and investigates, as appropriate, incidents reported as Serious Reportable according to DDA's Policy on Reportable Incidents. If necessary a deficiency(s) is given to the provider. If a deficiency(s) is given, an acceptable plan of correction is required.</p> <p>(c) OHCQ reviews a sampling of individuals served by the Resource Coordination licensee, according to DDA regulations and the Licensing Survey Handbook<sup>7</sup>, which would include waiver participants.</p> <p>(d) An individual's IP is reviewed on a random basis by OHCQ during its licensure survey, according to the DDA regulations and the Licensing Survey Handbook, which would include waiver participants.</p>
<b>Frequency</b>		<ul style="list-style-type: none"> <li>✓ Ask Me! Project – annually</li> <li>✓ Consumer-Directed Services Satisfaction Survey - annually</li> <li>✓ IP – the individual and his/her team meets at least annually or more frequently if necessary.</li> <li>✓ Resource Coordination – at least every six months, or more frequently if necessary.</li> <li>✓ Resource Coordinators visit waiver participants at least every six months.</li> </ul>	<ul style="list-style-type: none"> <li>✓ OHCQ reviews an individual's IP at least every 18 months or more frequently if deemed necessary.</li> <li>✓ OHCQ reviews services provided by the resource coordination agency at least every 18 months or more frequently if deemed necessary.</li> </ul>

<sup>6</sup>See DDA Alternative Placement Policy, part of DDA's Quality Assurance Plan previously sent to CMS

<sup>7</sup> See Licensing Survey Handbook previously sent to CMS

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<b>Staff Responsible</b>		The Arc of Maryland; DDA Licensed Providers; and Resource Coordination Agencies.	OHCQ Developmental Disabilities Unit, Licensure and Incident/ Complaint staff
<b>Staff Notified of Problems</b>		DDA Assistant Director for Programs; DDA Statewide Quality Assurance Chief; DDA Regional Office staff; DDA Chief of Regulations; and DDA Waiver Unit,	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff

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<i>Reference: pg. 15 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>B. State Quality Assurance Related to Waiver Participants</b>			
<ul style="list-style-type: none"> <li>Is the state able to document that its policies and procedures to safeguard the health and welfare of waiver participants, as specified above and incorporated in its policies and procedures, are being implemented effectively, including evidence that the state: (a) uses information generated as a result of its QA activities to improve system performance and/or prevent/address instances of abuse/neglect/exploitation, assure access to services, assure that plans of care meet the needs of waiver participants, and that waiver participants have opportunities to provide input and feedback; (b) identifies and appropriately addresses instances of abuse, neglect and exploitation on an ongoing basis; (c) appropriate actions are taken when the health and welfare of a waiver participant are jeopardized; (d) waiver participants are offered all of the services specified in their plans of care; (e) actions are taken to remove barriers to accessing services specified in waiver participants' plans of care; (f) the state disseminates information about Medicaid and waiver-specific requirements to all waiver providers; (g) the state and providers conduct provider-related QA activities in accordance with state specifications; and (h) contingency plans are established to deal with emergencies and provide back-up services when the regular provider is unavailable.</li> </ul>			
<b>Specific Responsibilities by Agency</b>		<p>(a) DDA, along with OHCQ, is in the process of developing a joint database, which will provide information to improve performance by the licensee and other areas identified in this section. It is anticipated that this database will be in the near future. In the meantime, OHCQ using its current database is able to run a 3 of a kind report to determine trends. Regional offices, on an individual basis, collect and analyze data on a regular basis on incidents considered to be serious reportable. Both OHCQ and DDA regional offices address trends. OHCQ currently reviews all deaths. As of October 2000 Maryland State Law requires that a Mortality Review Committee review all deaths of individuals with a developmental disability receiving a service in a program licensed or operated by DDA. Based on trends noted, technical assistance can be offered to an individual agency or on a regional/statewide basis.</p> <p>(b) DDA's Policy on Reportable Incidents identifies categories of reportable incidents and outlines reporting requirements.</p> <p>(c) Each individual in consumer directed services, in conjunction with their team, must develop detailed individualized emergency contingency plans to ensure the individual's health and safety.</p> <p>(d) DDA's regulations include a chapter on sanctions to be implemented in the case where the safety and welfare of an individual(s) is jeopardized.</p>	<p>(a) OHCQ, along with DDA, is in the process of developing a joint database, which will provide information to improve performance by the licensee and other areas identified in this section. It is anticipated that this database will be operational in the near future. In the meantime, OHCQ using its current database is able to run a 3 of a kind report to determine trends. Both OHCQ and DDA regional offices address trends. OHCQ currently reviews all deaths. As of October 2000 Maryland State Law requires that a Mortality Review Committee review all deaths of individuals with a developmental disability receiving a service in a program licensed or operated by DDA.</p> <p>(b) OHCQ triages and investigates, as appropriate, incidents reported as Serious Reportable according to DDA's Policy on Reportable Incidents.</p> <p>(c) OHCQ surveyors and DDA regional office staff during conversations with individuals and his/her family can also identify if the safety and welfare of an individual is jeopardized and bring this to the attention of the DDA Director, along with recommendations for sanctions.</p>

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<b>Specific Responsibilities by Agency</b>		<p>(e) Resource Coordination, through the DDA regulations, is responsible for ensuring that implementation of the IP. At least, every 6 months the individual is visited by his/her resource coordinator.</p> <p>(f) It is the responsibility of resource coordinators to determine barriers and take necessary action in collaboration with the respective DDA regional office.</p> <p>(g) Information on Medicaid and waiver-specific requirements are disseminated to licensees through various methods, including but not limited to: directives from the DDA Director, DDA's Federal Billing Unit, DDA's quarterly newsletter, DDA's waiver manual, and periodic trainings on waiver requirements. DDA surveys providers, self-advocates, family members, etc. on a bi-annual basis to design training plans responsive to the needs expressed. Funding is set aside on a yearly basis to develop additional trainings or provide technical assistance to meet the needs of providers and individual's/family members receiving services utilizing best practices. A statewide training newsletter, entitled <i>Expanded Horizons</i>, is published on a quarterly basis and sent to all interested stakeholders.</p> <p>(h) Training in the area of Quality Assurance is facilitated by DDA using DDA staff, consultants, and nationally known experts in the field of Quality Assurance. This training will be available to individuals in consumer directed services.</p> <p>(i) DDA develops contingency plans as necessary to meet the needs of the individual(s) involved. There are also DDA policy/procedures in place such as the Alternative Placement Policy.</p>	<p>(d) OHCQ determines if the implementation of the individual's IP is taking place.</p>
<b>Frequency</b>		<p>✓ OHCQ and DDA joint database- OHCQ and DDA meet on a regular basis to develop the joint database.</p> <p>✓ 3 of a kind report – as needed by DDA completed on a quarterly basis beginning 12-31-00.</p> <p>✓ Trends - addressed as needed.</p> <p>✓ Deaths - reviewed on an ongoing basis by the</p>	<p>✓ OHCQ and DDA joint database- OHCQ and DDA meet on a regular basis developing the joint database.</p> <p>✓ 3 of a kind report – as needed by OHCQ DDA completed on a quarterly basis beginning 12-31-00.</p> <p>✓ Trends - addressed as needed.</p> <p>✓ Deaths - reviewed on an ongoing basis by OHCQ</p>

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		Mortality Review Committee, which DDA staffs.	and the Mortality Review Committee.
<b>Staff Responsible</b>		DDA Assistant Director for Programs; DDA Assistant Director for Operations, DDA Statewide Quality Assurance Chief; DDA Regional Office staff; DDA Chief of Regulations; and DDA Federal Billing Unit.	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.
<b>Staff Notified of Problems</b>		DDA Assistant Director for Programs; DDA Assistant Director for Operations, DDA Chief of Information Systems, DDA Statewide Quality Assurance Chief; DDA Regional Office staff; DDA Chief of Regulations; and DDA Waiver Unit.	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.



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<i>Reference: pg. 19 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>C. State Quality Assurance Related to Waiver Providers</b>			
<ul style="list-style-type: none"> <li>Does the state's QA policies and procedures as they focus on providers of waiver services include at least the following components: (a) provisions for disseminating Medicaid and waiver-specific requirements affecting waiver providers; (b) provisions for assuring that contingency plans are in place to deal with emergencies and provide back up supports when regular providers are unavailable; and (c) methods for verifying that provider quality assurance activities are conducted in accordance with state specifications.</li> </ul>			
<b>Specific Responsibilities by Agency</b>	DWP, along with DDA, writes and revises the waiver and its regulations as necessary.	(a) QA Policies and Procedures are disseminated to licensees and individuals in consumer directed services through various methods, including but not limited to: directives from the DDA Director, DDA's Federal Billing Unit, DDA's quarterly newsletter, DDA's waiver manual, DDA's website, periodic trainings on waiver requirements, trainings targeted to individuals in consumer directed services and their families regarding waiver requirements and strategies for compliance and success. (b) DDA's Alternative Placement Policy addresses emergencies and necessary back up plans. Licensees are also required to provide or arrange for the provision of all applicable services per DDA regulations. (c) DDA's regulations are used by OHCQ and DDA regional offices to determine compliance. Feedback is then given to licensees regarding compliance/non-compliance by OHCQ and DDA regional offices. DDA regional offices follow up on plans of correction submitted by the licensee. If a sanction(s) is taken against a licensee, DDA to notify DWP.	(a) N/A  (b) N/A  (c) OHCQ conducts exit conferences with licensees regarding compliance/non-compliance.
<b>Frequency</b>	✓ Ongoing	✓ For parts (a) and (b) of this section, frequency is determined on an as needed basis. ✓ DDA regional offices conduct site visits on at least an annual basis and participate in exit conferences with OHCQ. ✓ Follow-up by DDA regional offices on licensee plan of correction is determined on an as needed basis. ✓ Notification to DWP regarding a sanction(s) is determined on an as needed basis.	✓ Surveys are completed by OHCQ at least every 18 months or more frequently if deemed necessary.
<b>Staff Responsible</b>	DWP Program Specialist	DDA Assistant Director for Programs; DDA Assistant Director for Operations; DDA Federal Billing; DDA Waiting List Coordinator; DDA Statewide and Regional Training Coordinators; DDA Regional Office staff; DDA Chief of Regulations; and DDA Waiver Unit	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.
<b>Staff Notified of Problems</b>	Chief of Division of Waiver Programs & Section Chief for Quality Assurance	DDA Assistant Director for Programs; DDA Assistant Director for Operations; DDA Federal Billing; DDA Waiting List Coordinator; DDA Statewide and Regional Training Coordinators; DDA Regional Office staff; DDA Chief of Regulations; and DDA Waiver Unit.	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.

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<b>Reference:</b> pg. 22 CMS Protocol	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>	<b>Other</b>
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**D. Other Quality Enhancing Activities Related to the State's Quality Assurance Program - Recommended, But Not Mandatory**

<b>Specific Responsibilities by Agency</b>		Individuals with developmental disabilities are involved with the Ask Me! Project, serve as members on DDA statewide committees, serve as members on a licensee's Standing Committee, have been involved in interviewing for key DDA staff, and are members of the Resource Coordination Advisory Committee.		
<b>Frequency</b>		On-going		
<b>Staff Responsible</b>		The Arc of Maryland, DDA Assistant Director for Programs, DDA Waiver Unit, DDA Statewide Quality Assurance Chief, DDA Statewide Training Coordinator, the Arc of Frederick County/Service Coordination.		
<b>Staff Notified of Problems</b>		The Arc of Maryland, DDA Assistant Director for Programs, DDA Waiver Unit, DDA Statewide Quality Assurance Chief, DDA Statewide Training Coordinator, the Arc of Frederick County/Service Coordination.		

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**II. Design and Implementation of a System for Reviewing Plans of Care**

<i>Reference: pg. 24 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>A. Plan of Care Development and Approval</b>			
<ul style="list-style-type: none"> <li>Does the state have policies and procedures governing the development and approval of plans of care (POCs) that, at a minimum, includes: (a) a description of the POC development and approval process; (b) a description of the staff responsible for developing POCs; (c) methods for assessing whether waiver participants and informal caregivers, as appropriate, have input into the POC and whether the participant's are taken into account; (d) methods for assessing whether waiver applicants/participants are afforded the freedom to choose between institutional and home/community (waiver) services; (e) the frequency of the state's POC approval activities; (f) the sampling methodology used in the approval process, if less than 100% of POCs are reviewed; (g) the persons responsible for approving POCs and their qualifications; (h) the methods used by the state to document its POC approval activities; (i) the methods used to determine whether the POC identifies all the participant's needs (not only needs addressed by waiver-financed services); (j) the methods used to determine whether all needs and goals identified in a participant's POC are being addressed; and (k) the methods of assessing whether POCs are revised when a waiver participant's needs change;</li> </ul>			
<b>Specific Responsibilities by Agency</b>		(a) (a)-(c) DDA regulations discuss the IP, its process, development, and involvement of the individual in the development of the IP.  (d) Freedom to choose between institutional and home/community services is discussed with the individual and/or their family/legal guardian by the resource coordinator and using the Interpretive Interview form. <sup>8</sup>  (e) Initially through the waiver eligibility process, 100% of waiver participants are reviewed. A sample of waiver participants are reviewed thereafter.  (f) According to the Memorandum of Understanding (MOU) between DDA and OHCQ, a 5% sample is used. <sup>9</sup>  (g) A DDA designee, as a QDDP, approves POC's.  (h) Approval form, with the signature of the QDDP, fulfills this requirement.  (i) This is completed by the individual's IP.  (j) The resource coordinator is responsible for ensuring all needs, wants, desires, and goals are addressed in the individual's IP.  (k) Based on Medicaid requirements, when the needs of an individual change a team meeting is held to discuss the new plan and reach consensus.	(a) (a)-(c) OHCQ surveyors randomly review an individual's IP during its survey process.          (f) According to the Memorandum of Understanding (MOU) between DDA and OHCQ, a 5% sample is used. <sup>10</sup>
<b>Frequency</b>		(a) (a)-(c) Ongoing	(a) (a)-(c) At least every 18

<sup>8</sup> See copy of the Interpretive Interview form, previously sent to CMS

<sup>9</sup> See DDA/OHCQ (LCA) MOU for additional information. This was previously sent to CMS.

<sup>10</sup> See DDA/OHCQ (LCA) MOU for additional information. This was previously sent to CMS.

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		<p>(d) Completed at the time of the waiver conversion meeting</p> <p>(e) On-going</p> <p>(f) Ongoing</p> <p>(g) On-going</p> <p>(h) On-going</p> <p>(i) At least on an annual basis, or as frequent as necessary based on changes in needs, preferences, desires and/or goals.</p> <p>(j) At least on an annual basis, or as frequent as necessary based on changes in needs, preferences, desires and/or goals.</p> <p>(k) On-going</p>	<p>months or more frequently if deemed necessary.</p> <p>(f) On-going</p>
<b>Staff Responsible</b>		DDA Assistant Director for Programs, DDA Assistant Director for Operations, DDA Statewide Quality Assurance Chief, DDA Chief of Regulations, resource coordination agencies.	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.
<b>Staff Notified of Problems</b>		DDA Assistant Director for Programs, DDA Assistant Director for Operations, DDA Statewide Quality Assurance Chief, DDA Chief of Regulations, resource coordination agencies.	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.

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**II. Plan of Care Development and Approval**

<i>Reference: pg. 29 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>B. Plan of Care Approval</b>			
<ul style="list-style-type: none"> <li>Does the state's POC development and approval process work effectively, including producing evidence that the state; (a) monitors its POC development and approval process; (b) takes appropriate actions when it identifies inadequacies in such processes; (c) assesses whether waiver participants and informal caregivers, as appropriate, have input into POCs and whether participant preferences are taken into account; (d) all waiver applicants/participants are afforded the opportunity to choose between institutional and home/community (waiver) services; (e) procedures for reviewing the adequacy of POCs are carried out and reviewed/updated in a timely manner; and (f) implements its methodology for assuring that services are delivered in accordance with POCs and appropriate actions are taken when the state concludes that POC provisions are not being carried out.</li> </ul>			
<b>Specific Responsibilities by Agency</b>		<p>(a) DDA regulations require that the individual's IP is developed by the individual and his/her team and consensus is reached.</p> <p>(b) DDA's regulations include a chapter on sanctions to be implemented in the case of serious inadequacies with the IP development and implementation. DDA regional office staff during conversations with individuals and his/her family can also identify if the IP process, according to the regulations, was followed. If not, recommendations for sanctions can be brought to the attention of the DDA Director.</p> <p>(c) DDA regulations require leadership and input from the individual and his/her team, which is comprised of individuals of his choosing, in the development of the IP.</p> <p>(d) The resource coordinator conducts the Interpretive Interview and ensures the form is complete.</p> <p>(e) Resource coordinators are required to ensure implementation of the IP. This process is evident through progress notes in each individual's resource coordination file.</p>	<p>(a) This is determined by OHCQ during annual surveys and conversations with individuals/family members.</p> <p>(b) OHCQ surveyors during file review and conversations with individuals and his/her family can also identify if the IP process, according to the regulations, was followed. If not, deficiencies can be given and in serious cases, recommendations for sanctions can be brought to the attention of the DDA Director.</p> <p>(c) This is determined by OHCQ during annual surveys and conversations with individuals/family members.</p> <p>(f) Survey reports are completed by OHCQ after the completion of surveys. Sanctions can be recommended if the scope and severity of the discrepancies warrant such action.</p>

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<b>Frequency</b>		<ul style="list-style-type: none"> <li>✓ IP – developed at least on an annual basis.</li> <li>✓ Sanctions – as needed.</li> <li>✓ Interpretive Interview Form – completed at the time of the waiver conversion meeting.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Survey's completed at least every 18 months or more frequently if deemed necessary.</li> <li>✓ Sanctions – as needed.</li> </ul>
<b>Staff Responsible</b>		DDA Director, DDA Assistant Director for Programs, DDA Assistant Director for Operations, DDA Federal Billing Unit, DDA Chief of Regulations, DDA Regional Office staff, DDA Waiver Unit, resource coordination agencies.	OHCQ Deputy Director, OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.
<b>Staff Notified of Problems</b>		DDA Director, DDA Assistant Director for Programs, DDA Assistant Director for Operations, DDA Federal Billing Unit, DDA Chief of Regulations, DDA Regional Office staff, DDA Waiver Unit, resource coordination agencies.	OHCQ Deputy Director, OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.

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**III. Design and Implementation of a System for Assuring Waiver Services are Provided by Qualified Providers**

<i>Reference: pg. 35 CMS Protocol</i>	<b>Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>A. Plan of Care Monitoring</b>			
<ul style="list-style-type: none"> <li>Does the state have policies and procedures for verifying that all providers of waiver services meet state-established requirements to participate in the waiver program, including (a) licensing, certification and other standards applicable to each provider type and a process for enrolling providers that are not subject to licensure/certification; (b) a process for ongoing monitoring of providers not subject to state licensure/certification to assure adherence to waiver requirements; (c) a description of the activities the state will conduct to assure that waiver providers meet state provider standards and the persons responsible for carrying out such monitoring activities; (d) the frequency of provider verification/monitoring activities; (e) a description of how the state documents its verification of provider requirements; and (f) the protocols used to identify and address situations where a provider is out of compliance with state requirements and the persons responsible for taking appropriate follow-up actions.</li> </ul>			
<b>Specific Responsibilities by Agency</b>		<p>(a) All providers of waiver services are subject to licensing/certification, or verification of qualifications.</p> <p>(b) For consumer directed services, individuals may elect to secure services from licensed, Medicaid Enrolled providers or may, through their Fiscal Intermediary (which will be designated as an Organized Health Care Delivery System) secure services from other qualified providers of service.</p> <p>(c) The DDA Director is the only authority that can deem status of a licensee. In current practice, only licensees of other state agencies have been granted deem status.</p> <p>(d) A committee consisting of staff from DDA regional offices, OHCQ and DDA regulations unit review requests and make recommendations to the DDA Director.</p> <p>(e) DDA regional offices complete verification and monitoring.</p> <p>(f) Documentation is through site visit reports completed by DDA regional offices.</p>	<p>(a) As the licensing agent for other administrations besides DDA, for example: Mental Health Administration, Alcohol and Drug Administration, Assisted Living, etc., OHCQ issues the license and is aware of any subsequent actions taken against the licensee. OHCQ is to notify DDA of any action taken by OHCQ against a DDA deemed status agency.</p> <p>(b) (b) N/A</p> <p>(c) OHCQ completes this.</p> <p>(d) OHCQ completes this.</p> <p>(e) Documentation is through survey reports completed by OHCQ.</p> <p>(f) OHCQ's survey report identifies discrepancies of the licensee. Within 10 days, the licensee is required by DDA regulations to respond to such discrepancies through a plan of correction. OHCQ's survey report identifies discrepancies of the licensee. Within 10 days, the licensee is required by DDA regulations to respond to such discrepancies through a plan of correction.</p>

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<b>Frequency</b>		(b) As needed (c) As needed (d) On at least an annual basis (e) On at least an annual basis	(a) As needed (c) – (f) On at least an annual basis or more frequently if deemed necessary.
<b>Staff Responsible</b>		DDA Director, and DDA Regional Office staff, DDA Waiver Unit, resource coordination agencies.	OHCQ Deputy Director, OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.
<b>Staff Notified of Problems</b>		DDA Director, and DDA Regional Office staff, DDA Waiver Unit, resource coordination agencies.	OHCQ Deputy Director, OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.



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<i>Reference: pg. 38 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>B. Provider Training</b>			
<ul style="list-style-type: none"> <li>Does the state have policies and procedures for verifying that providers of waiver services meet state-established training requirements, including: (a) methods of verifying that provider training is conducted in accordance with state requirements; and (b) methods for verifying that providers receive training appropriate to the waiver population they serve.</li> </ul>			
<b>Specific Responsibilities by Agency</b>		(a) Training requirements are outlined in the DDA regulations, 10.22.02.11A-D and 10.22.10.04.  (b) Each individual in consumer directed services will have a detailed, individualized training plan to address their specific needs in accordance with 10.22.02.11A-D and 10.22.10.04.	(c) OHCQ reviews training records and staff personnel files during surveys to determine if regulations surrounding training have been followed.  (d) Training to meet the needs of the individual is required by DDA regulations and compliance is determined by OHCQ.
<b>Frequency</b>			✓ At least on an annual basis or more frequently if deemed necessary.
<b>Staff Responsible</b>		DDA Assistant Director for Programs, DDA Statewide Training Coordinator, DDA Waiver Unit	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.
<b>Staff Notified of Problems</b>		DDA Statewide Quality Assurance Chief, DDA Statewide Training Coordinator, DDA Waiver Unit	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.

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<i>Reference: pg. 40 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>C. Ongoing Monitoring of Client Satisfaction and Preferences</b>			
<ul style="list-style-type: none"> <li>Does the state implement its policies and procedures for assuring that waiver services are furnished by qualified providers, including those identified in the preceding two bullet statements.</li> </ul>			
<b>Specific Responsibilities by Agency</b>		(a) For consumer directed services, DDA staff and/or its designee will conduct ongoing monitoring to ensure provider qualifications are consistent with industry and regulatory standards.	This is accomplished by surveys completed by OHCQ.
<b>Frequency</b>		Ongoing	Surveys – completed by OHCQ an at least an annual basis.
<b>Staff Responsible</b>		DDA Waiver Unit and Regional Offices	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.
<b>Staff Notified of Problems</b>		DDA Statewide Quality Assurance Chief, DDA Statewide Training Coordinator, DDA Waiver Unit.	OHCQ Developmental Disabilities Unit, Licensure and Incident/Complaint staff.

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**IV. Use of Processes/Instruments for Determining Level of Care Need**

<i>Reference: pg. 41 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>A. Level of Care Determination</b>			
<ul style="list-style-type: none"> <li>Does the state have a process and instrument(s) for evaluating (and periodically re-evaluating) the level of care needs of applicants/participants in the particular waiver program that, at a minimum, includes: (a) a process of conducting an individualized level of care (LOC) evaluation for each waiver applicant/participant; (b) the use of processes and an instrument(s) for determining level of care needs, as described in its approved waiver application; (c) the persons performing LOC evaluations/re-evaluations; (d) provision for addressing inappropriate LOC determinations; and (e) provision for documenting all evaluations/re-evaluations as specified in its approved waiver request</li> </ul>			
<b>Specific Responsibilities by Agency</b>		(a) This is determined initially by the resource coordinator or QDDP utilizing DDA regulations governing eligibility and access. (b) - (c) On an annual basis, the level of care form is completed by the resource coordinator or targeted case manager. This form is forwarded to the DDA Federal Billing Unit. (d) The DDA Federal Billing Unit recertifies individuals previously determined eligible for waiver services. (e) DDA's Federal Billing Unit completed the initial certification or recertification form for this purpose.	
<b>Frequency</b>		✓ Level of Care form – annual basis ✓ Recertification form – as needed	
<b>Staff Responsible</b>		DDA Assistant Director for Programs, DDA Federal Billing Unit, and resource coordination agencies.	
<b>Staff Notified of Problems</b>		DDA Assistant Director for Programs, DDA Federal Billing Unit, and resource coordination agencies.	

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**V. State Administrative Authority Over the Waiver**

<i>Reference: pg. 44 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>A. Administering Agency and Operating Agency Responsibilities</b>			
<ul style="list-style-type: none"> <li>If the state MR/DD agency (or another state program agency) operates the waiver program, can the state demonstrate that the single state Medicaid agency (SSMA) retains ultimate administrative authority for the program and that the program is administered in accordance with the provisions of the state's waiver application, including: (a) having a written interagency agreement (IA) or memorandum of understanding (MOU) which delineates the roles and responsibilities of each participating agency; (b) provision for the SSMA to assume responsibility for all policy decisions regarding the waiver program, as well as monitoring the activities/performance of the operating program agency; (c) provision for the SSMA and the responsible state program agency to provide each other with information and data in accordance with the provisions of the IA or MOU; and (d) provision for the SSMA to monitor the IA/MOU to assure that its terms are being properly executed.</li> </ul>			
<b>Specific Responsibilities by Agency</b>	Medicaid currently has a MOU with DDA. If necessary, Medicaid can assist with sanctions against Medicaid providers.  Medical Assistance will terminate any provider if notified by DDA.	DDA currently has a MOU with Medicaid.  DDA to notify DWP when a DDA waiver provider no longer provides waiver services to individuals.	
<b>Frequency</b>	Ongoing	Ongoing	
<b>Staff Responsible</b>	DWP Program Specialists	DDA Assistant Director for Operations and DDA Federal Waiver Billing Unit	
<b>Staff Notified of Problems</b>	DWP Division Chief and Section Chief of Quality Assurance	DDA Assistant Director for Operations and DDA Federal Waiver Billing Unit	

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<i>Reference: pg. 47 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>B. Due Process</b>			
<b>Specific Responsibilities by Agency</b>	DWP to provide technical assistance	1. DDA will ensure that all waiver applicants denied waiver services are afforded due process by State regulations and statutes. 2. Ensure all DDA personnel receive training regarding Medicaid client rights. 3. Establish a set process for explaining the fair hearing process to the client. 4. DDA to be the representative at all provider and client hearings related to the waiver.	
<b>Frequency</b>	Ongoing	A component of ongoing training	
<b>Staff Responsible</b>	DWP Section Chief for Quality Assurance	DDA Headquarters and Regional Office staff	
<b>Staff Notified of Problems</b>	N/A	N/A	

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**VI. State Financial Accountability**

<i>Reference: pg. 49 CMS Protocol</i>	<b>DHMH Division of Waiver Programs (DWP)</b>	<b>Maryland Developmental Disabilities Administration (DDA)</b>	<b>Office of Health Care Quality (OHCQ)</b>
<b>C. State's Financial Oversight</b>			
<ul style="list-style-type: none"> <li>Can the state demonstrate that it has in place an adequate system for assuring the financial accountability of waiver funds, including evidence that the state has policies and procedures governing; (a) the maintenance of appropriate financial records by the state and waiver provider agencies; (b) the nature and frequency of the financial reviews/audits that are conducted; (c) actions the state takes when problems are identified; (d) the nature and frequency of reviews/audits conducted by waiver operating agencies other than the Single State Medicaid Agency (SSMA) System; (e) the staff who conduct financial reviews/audits; and (f) the conduct of regular reviews of waiver payment claims to assure that they are coded and paid in accordance with the state's reimbursement methodology.</li> </ul>			
<b>Specific Responsibilities by Agency</b>	<p>(a) DWP to implement spot checks of specific services periodically through ad-hoc Service Utilization Reviews Subsystems (SURS) runs for utilization review of waiver paid claims.</p> <p>(b) Reviews monthly MARS reports (including 372's), Medicaid service utilization and expenditures for waiver participants.</p> <p>(c) Investigate discrepancies in services billed to services authorized through on-site review of recipient.</p> <p>(f) Performs SURS reviews of paid claim data.</p>	<p>(a) According to the MOU between DDA and Medical Care Programs (MCP) the DDA establishes the reimbursement methodology for Medicaid waiver services funded by DDA's general funds in accordance with federal and State laws and regulations. The DDA requires that financial records be kept by each provider agency.</p> <p>(b) DDA is currently working with DHMH/DWP to develop this process. However, DDA currently requires of each community-based agency receiving FPS or personal support funding an audited financial statement on a yearly basis. Financial statements are reviewed to determined financial viability of an agency.</p> <p>(c) DDA is currently working with DHMH/DWP to develop this process. However, at any time deemed necessary, DDA can request an audit of an agency to be completed by a state auditor.</p> <p>(d) OOE Office completes reports on a monthly basis, CMS reviews quarterly. DDA Federal Billing Unit recovers funds for services received but not authorized.</p> <p>(e) DDA is currently working with DHMH/DWP to determine appropriate staff to conduct these reviews/audits.</p> <p>(f) For consumer directed services, DDA will require Fiscal Intermediaries to supply monthly reports on individualized budgets, including attestation that expenditures are consistent with plan of care. DDA will approve all individualized budgets and will oversee expenditure plans.</p> <p>(f) The DDA Federal Billing Unit prepares claims regarding residential and day services received by waiver participants on a regular basis. For other services, such as supported employment and personal support, claims go directly to</p>	

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		Medical Assistance.	
<b>Frequency</b>	(a) – (c) Monthly (f) Quarterly	<ul style="list-style-type: none"> <li>✓ Audited Financial Statement – required annually by DDA</li> <li>✓ Recovering of funds for services received but not authorized is completed on an annual basis.</li> <li>✓ Individualized Budget Statements - Monthly</li> </ul>	
<b>Staff Responsible</b>	DWP Section Chiefs for Policy & QA	DDA Deputy Director, DDA Assistant Director for Operations, DDA Federal Billing Unit and DDA Waiver Unit.	
<b>Staff Notified of Problems</b>		DDA Deputy Director, DDA Assistant Director for Operations, DDA Federal Billing Unit and DDA Waiver Unit.	

**END**